



**Mark Gordon**  
Governor

**State of Wyoming**  
**Department of Workforce Services**  
**DIVISION OF WORKERS' COMPENSATION**

Risk Management  
5221 Yellowstone Rd  
Cheyenne, Wyoming 82002  
<https://dws.wyo.gov>



**Robin Sessions Cooley, J.D.**  
Director

**Elizabeth Gagen, J.D.**  
Deputy Director

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## **Student Learner & Student Training Agreements**

A Student Learner Agreement is an agreement between the employer and school or education entity, agreeing to provide a student with vocational work and/or training opportunities in exchange for school credit and/or compensation from the employer.

A Student Training Agreement is an agreement between the employer and student, wherein the student agrees to complete work or vocational training at the employer's business for course credit and/or compensation from the employer.

The completion of this form by the employer serves as the agreement and it must be submitted to the Division. **Please complete thoroughly and initial which agreement you are opting into.**

<b>Student Learner Agreement:</b>	
Pursuant to Wyoming Statute 27-14-110	
(a) A Wyoming school district, community college or technical school and an employer may enter into a student learner agreement for the purposes of providing student learners vocational work and training opportunities and for student learners to earn course credit from the school district, community college or technical school, compensation from the employer, or both. A copy of any student learner agreement entered into under this section shall be submitted by the employer to the Division.	
<b>Student Training Agreement:</b>	
Pursuant to Wyoming Statute 27-14-110	
(b) A student learner may enter into a student training agreement with an employer to complete work or vocational training at the employer's business for course credit from the school district, community college or technical school, compensation from the employer, or both. A copy of any student training agreement entered into under this section shall be submitted by the employer to the Division.	

<b>Please initial each attestation:</b>	
I understand that, as the Employer, I must notify the Division if the agreement is terminated or extended with a school district, community college or technical school, and if terminated, the date of termination.	
I understand that, as the Employer, by completing this Agreement that I shall pay the premium charged for each student learner as required under W.S. 27-14-110(f).	

This is an agreement between \_\_\_\_\_

Student Name	Phone Number
Mailing Address	Date of Birth

and \_\_\_\_\_

Employer Name	Contact Name
Employer Email Address	9-Digit Workers' Compensation Number

and \_\_\_\_\_

School Name	Contact Name
Mailing Address	Phone Number

The above parties agree to enter into a Student Learner/Student Training Agreement.

The Student will gain experience in the industry/area of: \_\_\_\_\_

Will work hours of \_\_\_\_\_

The Student will be (check one):

The Student's job title will be \_\_\_\_\_

with general job duties being \_\_\_\_\_

Student Emergency Contact Name: \_\_\_\_\_

Relationship to the Student & Phone Number: \_\_\_\_\_

Employer, upon agreement completion, do you wish to speak to your Account Manager to discuss how to properly file wage information for your Student Learner or Student Trainee? ☐ Yes ☐ No

**This agreement is only valid when signed by all applicable parties.**

- ❖ I hereby certify that the information provided in this agreement is true and accurate to the best of my knowledge.
- ❖ I have read and understand the Student Learner/Student Training agreement process.
- ❖ By signing this agreement, the Employer agrees to offer job duties and work hours that do not violate Child Labor Laws as outlined by the U.S. Department of Labor.
- ❖ By signing this agreement, the Student agrees to maintain academic and attendance requirements as outlined by their school, while also completing the agreed upon job duties and work hours.

**Student**

_____ Printed Name	_____ Signature	_____ Date
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**Custodial Parent or Guardian (if Student is under 18 years old)**

_____ Printed Name	_____ Signature	_____ Date
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**Authorized School/Educational Institution Representative**

_____ Printed Name	_____ Signature	_____ Date
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**Employer Representative**

_____ Printed Name	_____ Signature	_____ Date
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**Please email, mail or fax this agreement to:**

Department of Workforce Services  
Workers' Compensation – Risk Management  
PO BOX 20161  
Cheyenne, WY 82003

307-777-2895 (fax)

[BusinessRisk@wyo.gov](mailto:BusinessRisk@wyo.gov)